

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

223 Maryland Coach, Incorporated

*WMATC No. *Name of Carrier (as shown on certificate of authority)

1306 Fairfield Drive, Forestville, MD 20747-1745

*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(301) 336-5263

Other Telephone

(301) 336-4743

Fax Number

mdcoach2@aol.com

E-mail

*Telephone Number

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Jimmie U. Gary

President

*Name

*Title

(301) 336-5263

Other Telephone

(301) 336-4743

Fax Number

mdcoach2@aol.com

E-mail

*Telephone Number

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

Street Address

Telephone Number

Other Telephone

Fax Number

E-mail



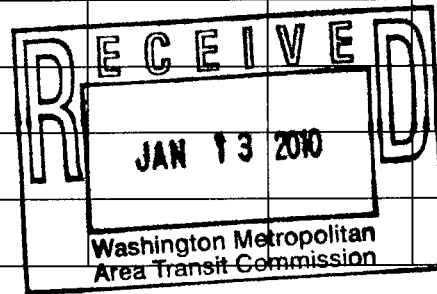
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4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO CHANGES

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; **or** (3) attach your own vehicle list. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
			See attached List			



6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Jimmie U. Gary

*Name (Type or Print)

President, Maryland Coach, Inc.

*Title

Jimie U. Gary

*Signature

01-08-10

*Date

(end)

MARYLAND COACH, INC.

FLEET SCHEDULE

UNIT NO.	YEAR	MAKE	MODEL	NO. PAX	ID NO.	LICENSE NUMBER	STATE
319	1984	MCI	MC-9	47	ITUAAH9AXER004538	005P64	MD
321	1988	MCI	96A3	47	ITTUDCH8A8JR006436	005P65	MD
322	1988	MCI	96A3	47	ITTUDCH6A9JR006495	007P56	MD
323	1991	MCI	102C3	47	IM8GDM9A4MP043941	007P29	MD
324	1995	MCI	DL-3	55	IM8PDM9A7SP047000	005P66	MD
325	1995	MCI	DL-3	55	IM8PDM9A9SP047094	005P67	MD
326	1988	MCI	102A3	47	ITUFCH8A7JR006565	005P68	MD
327	1998	MCI	DL-3	55	IM8PDM9A4WP050734	005P69	MD
328	2000	MCI	102EL-3	56	IM8TRMPA1YP060947	005P70	MD
329	1999	MCI	102EL-3	56	IM8TRMPA7XP060501	014P84	MD